COMBINED ORAL CONTRACEPTIVE PILLS
PATIENT INFORMATION

If you are thinking about starting combined oral contraceptives (COCs), or the birth control pill, there is information you should consider before you decide if it is right for you. Please read all this information as well as the FDA-approved information from the pill manufacturer that comes with your pill pack. We are here to help answer any questions you have – please ask!

Combined oral contraceptive pills contain both estrogen and progesterone hormones. They prevent pregnancy mainly by keeping eggs from being released by the ovaries. For every 100 women who use COCs, fewer than 8 will become pregnant the first year with typical use and less than one with perfect use. You must be able to remember to take your pill every day for it to be as effective as possible.

Instructions are included in the event you miss a pill and then what should be done. Emergency contraception (EC) is available if it is recommended and you want to use it. EC is available over the counter without a prescription if you are 15 or older or you can also call our Family Planning program for it. The sooner you take EC within 5 days from unprotected intercourse the more effective it is at preventing a pregnancy.

Combined oral contraceptive pills do not protect against sexually transmitted infections (STIs), including HIV/AIDS. Using condoms consistently with the pill can lower your risk for STIs.

Besides preventing pregnancy, COCs have other health benefits, such as:
- Less menstrual bleeding
- Less anemia
- Less chance for a tubal pregnancy
- More protection from ovarian cysts
- More protection from uterine cancer
- Less menstrual cramping
- Less acne (usually)
- More regular menstrual cycling
- More protection from ovarian cancer

Minor side effects to the COCs may include:
- Nausea, vomiting
- Change in appetite
- Spotting between periods
- Skin pigment changes
- Hair loss or growth
- Breast tenderness
- Change in moods
- Headaches
- Acne (not usually)

Serious side effects are possible with COC use, which in rare cases may cause death. Overall, however, using hormonal contraception is safer for you than a pregnancy would be. The serious side effects include:
- Blood clot (most commonly forms in a leg) that can travel to the lungs
- Stroke
- Heart attack
- Liver tumors
Your risk for a serious side effect increases with certain health conditions. Therefore, you should not use the combined oral contraceptive pill if you have had, now have, or develop in the future:

- Clot in a vein causing Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)
- Stroke
- Clotting disorder (example Factor V Leiden, Prothrombin mutation, Lupus Anticoagulant, Protein C, Protein S, and Antithrombin deficiencies)
- Ischemic heart disease (angina)
- Multiple cardiovascular risk factors (older age, nicotine use, diabetes, high blood pressure)
- Nicotine use and 35 years of age or older
- High cholesterol or high triglyceride levels
- Diabetes of 20 years or more
- Diabetes with vascular changes to kidneys, eyes, or extremities
- Liver problems: viral hepatitis, liver tumor, cirrhosis
- Organ transplant with complications
- Breast cancer
- Major surgery with prolonged immobilization (such as confined to bed or casting of an extremity)
- Valvular heart disease
- Heart problems related to pregnancy
- High blood pressure
- Gallbladder disease and having symptoms
- Delivery less than 21 days ago
- Delivery 21-42 days ago with other risk factors for venous thromboembolism (VTE) (examples: age ≥35 years, previous VTE, thrombophilia, immobility, transfusion at delivery, BMI ≥30, postpartum hemorrhage, post cesarean delivery, preeclampsia, or nicotine use)
- Delivery 21-30 days ago, breastfeeding, without VTE risk factors
- Lupus with positive (or unknown) antiphospholipid antibodies
- Headaches with vision problems or feeling like the room is spinning
- Headaches with numbness or weakness in the arms or legs
- Migraines and 35 years and older
- Inflammatory bowel disease
- Bariatric surgery with a malabsorption procedure

Please call the Family Planning program if your health condition or medications have changed since you were last seen to check if it is safe to continue the pill.

Seek immediate medical care if any of the following occurs:

- sharp or crushing chest pain or coughing blood
- shortness of breath
- unusual swelling or pain in the legs or arms
- sudden severe headaches
- changes in the frequency, severity, or associated symptoms of your headache
- eye problems such as loss of vision
- severe pain in the stomach or abdomen
- yellowing of the skin or eyes
- severe depression
- unusually heavy bleeding from the vagina
- new lump in your breast
COMBINED ORAL CONTRACEPTIVE PILLS - INSTRUCTIONS

To start taking combined oral contraceptives (COCs):

1) If you are starting COCs on days 1-5 of your cycle, no abstinence or backup method is needed for that cycle.
2) If you are starting COCs later than 5 days after the first day of your last menstrual period (LMP), use a backup method for 7 days. If you have had unprotected intercourse within the last 5 days, emergency contraception (EC) is recommended. Start COCs tonight or tomorrow and use 7 days of abstinence or a back-up method for 7 days following the first pill. Check a pregnancy test if your next period is absent, late or abnormal.

To continue with COCs:

1) Take your COCs at the same time of day each day.
2) You may take it any time of day, just try to keep this time as consistent as possible

If you miss taking a COC:

1) The new rules about missed pills have been simplified but may still be confusing, so please don’t hesitate to call the Family Planning program if you have questions about these:
   a) If you remember your missed pill within 12 hours of the time you were supposed to take it, you should take it immediately and take each of the rest of the pills at the usual time.
      (1) No back-up method is needed.
      (2) No EC is needed.
   b) If you miss one pill for more than 12 hours, you should take today’s pill now and use abstinence or a back-up method for the next 7 days. No EC is needed.
   c) If you miss more than one pill, you should take today’s pill and the last forgotten pill today (2 tablets in one day). The rest of the instructions depend upon which pills were missed:
      (1) If you have at least 7 active pills left in your pack, you should take one pill a day and take EC if you had any unprotected intercourse in the last 5 days and use abstinence or a back-up method for the next 7 days
      (2) If you have 7 or fewer active pills in pack, you have 2 options:
         (a) Take the rest of the active pills, skip the placebos and start the next pack of pills without interruption. Use abstinence or a back-up method for the next 7 days. Use EC if you have had intercourse without using other protection in the prior 5 days.
         (b) Complete the pack of pills, including the placebo pills. Use abstinence or a back-up method until she has taken 7 of the pills in the next pack. Use EC if any unprotected intercourse in the last 5 days.
2) Another way to handle “catching up” if you missed a pill or pills:
   a) Take the missing pill as soon as you realize you forgot it. If you missed more than one pill, you should also take the pill for today.
   b) You should use abstinence or condoms for the next 7 days if you needed to take more than one pill.
   c) You should use EC if you had any unprotected intercourse in the past 5 days.
3) Check a pregnancy test if your next period is absent, late, or abnormal.